FINA	NCIAL ASSISTA			Anone		HILLI			
Veteran's Last	First	Middle	Date:		SSN:	11 22 12			
Name:					Occupation:				
Date of Birth:		The second second	itatus: Date of Marriage		Date of Divorce/Separation:				
Spouse (Maiden Nar	ne if Applicable) :		Spouse SSN	¥	Spou	se Date of	Birth:		
Note: Common law n	narriages are recogniz	red in Ohio only i				er 10, 1991			
Date Established Res (Proof of Residency		y:		Telephone Area Code					
Veteran's Address:	City			Zip Code	How Long	at			
Veterano madroso.	Veteran's Address: City State Zip Code				Address:				
Name & Address of L	andlord/Mortgage Co	mpany			Telephon				
10	Ott		State	Zip Code	Area Code How Long at				
7 Previous Address	City		State	Zip Code	Address:	, at			
IF APPLICANT IS	NOT THE VETERA	N, PLEASE CO	MPLETE 1	HE FOLL	OWING:	101-	100		
Name					SSN				
					Occupation				
Address					Area Code ()				
MILITARY SERVICE	(MUST HAVE P	PROOF OF SEE	RVICE)						
T			No.No.	abanan:		Varified D	ffice Use Or		
0 Date From:	10:	To: Type of Discharge:					Verified - Office Use Or YES		
1 Date From:	To:		Type of Disc	charge:					
DEPENDENTS - PF	ROOF OF DEPEND	ENCY REQUIR	ED						
2 Names:	How Related:	SSN of Dependents:	Date of Birth			Custody Whom:	Support Yes - N		
a			8						
D.		71.9		- 10-22					
c									
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e			1						
r									
2.0	7620		1						
91		L		-					
3 Does Anyone Else			om Any Othe	er Agency	In The Last 3	0 Days?			
Al Has Anyone In Your	rousenoid Applied 1	or risolation i to	Assistanc		1110 60010	o Dajo.			
4 Has Anyone In Your 5 Agency:			Control	71.7					

Checking Savings or CD IRA / KEOGH Other		Employer Name:			1		-	-		
Reason Terminated: 21 Rate of Pay: 22 Are You Seeking Employment: 23 If Not Seeking Employment, Explain Why: 24 TYPE 25 TYPE 26 TYPE 27 SVALUE 28 TYPE 29 Checking 20 Checking 20 Checking 30 Cher Prop. 30 IRA / KEOGH 31 IRA / KEOGH 32 Other 33 Other 34 Other 35 Other 36 Other 37 Other 38 Other 38 Other 38 Other 48 Other 49 Other 40 Other							-			
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TOTAL TOTAL TOTAL				1	-		-		-	
20 Disease available who was provided and state time.		TOTAL		TOTAL				TOTAL		
26 Please explain why you need assistance at this time:	26	Please explain why you ne	ed assistance at t	his time:	<u>, i i i i i i i i i i i i i i i i i i i</u>				100	
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		I have completed and/or	reviewed all infor	mation pertai	ning to my	application for	or financial as			
I understand that false statements made on this application may lead to prosecution. I have completed and/or reviewed all information pertaining to my application for financial assistance and I certify that it is correct to the best of my knowledge.	1									
I have completed and/or reviewed all information pertaining to my application for financial assistance										

THE RESERVE AND THE REAL PROPERTY.